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International Strategy for Action on Ageing 2002

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I. Introduction

1. The 2002 International Strategy for Action on Ageing responds to opportunities and challenges of individual and population ageing in the twenty-first century. The ultimate goal of the Strategy is to promote the development of a society for all ages.

2. Humankind is ageing. Global society is already older than ever before in human history. Average life expectancy at birth has increased by 20 years, to 66, since 1950, and is expected to be extended by another 10 years by mid-century. This demographic triumph means that the number of older people will increase from about 600 million in 2000 to almost 2,000 million by 2050. The increase will be most marked in developing countries where the older population is expected to quadruple during the next 50 years. Such a global demographic transformation has profound consequences for every aspect of individual, community, national and international life. Every facet of humanity will evolve: social, economic, political, cultural, psychological and spiritual.

3. The modern world has unprecedented wealth and technological capacity and has presented extraordinary opportunities: (a) to empower people to reach old age in better health, and with more fully realized well-being; (b) to seek the full inclusion and participation of older persons in societies; (c) to enable older people to contribute more effectively to their communities and to the development of their societies; and (d) to steadily improve care and support for older people as they need it. Concerted action is required to transform the opportunities and the quality of life of men and women as they age and to ensure the sustainability of their support systems, thus building the foundation for a society for all ages. When ageing is embraced as an achievement, the reliance on human skills, experience and resources of the higher age groups is naturally recognized as an asset in the growth of mature, fully integrated, humane societies.

4. The remarkable demographic transition under way will result in the old and the young representing an equal share of the world's population by mid-century. Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 per cent, whereas the proportion of children is projected to drop by a third, from 30 to 21 per cent. In certain developed countries and countries with economies in transition, the number of older persons already exceeds the number of children and birth rates have fallen below replacement levels. In some developed countries, the number of older persons will be more than twice that of children by 2050.

5. Population ageing is poised to become a major issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. The proportion of older persons is expected to rise from 8 to 19 per cent by 2050, while that of children will fall from 33 to 22 percent. This demographic shift presents a major resource challenge: whereas developed countries have been able to age gradually, developing countries face the challenge of simultaneous development and population ageing.

6. The growth and pace of ageing within the developing world varies. Asia and Latin America are ageing most rapidly and the percentage of older persons in that region will reach 20 to 25 per cent by 2050. In sub-Saharan Africa, where the struggle with the HIV/AIDS pandemic and with economic and social hardship continues, the percentage will reach half that level. Areas affected by very high levels of mortality of young adults due to HIV/AIDS may, however, also experience a relative increase in the proportion of older persons.

7. The fastest growing group of the older population is the oldest old, that is, those who are 80 years or more. In 2000, the oldest old numbered 70 million and their numbers are projected to increase to more than five times that over the next 50 years. Older women outnumber older men, increasingly so as age increases. The situation of older women everywhere must be a priority for policy action.

8. It is essential to integrate the evolving process of global ageing within the larger process of development. Policies on ageing deserve close examination from the developmental perspective of a broader life course and a society-wide view, taking into account recent global initiatives and the guiding principles set down by major United Nations conferences and summits.

9. The International Strategy for Action on Ageing 2002 calls for changes in attitudes, in national and international policies and in community, corporate and other organizational practices so that the enormous potential of ageing in the twenty-first century may be fulfilled. The aim of the International Strategy is to ensure that people everywhere are able to age with security and dignity and to continue to participate in

their societies as citizens with full rights. While recognizing that the foundation for a healthy and enriching old age is laid early in life, the Strategy is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The common features of the nature of ageing and the challenges it presents are acknowledged, and specific recommendations are designed to be adapted to the great diversity of circumstances in each country. The Strategy recognizes the many different stages of development and the transitions that are taking place in various regions, as well as the interdependence of all countries in a globalizing world.

10. The International Plan of Action on Ageing,[1] adopted at the first World Assembly on Ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formulation of the United Nations Principles for Older Persons,[2] which provided guidance in the areas of independence, participation, care, self-fulfilment and dignity. They were highlighted again in 1995 in General Comment No. 6 of the Committee on Economic, Social and Cultural Rights,[3] on the implementation of the International Covenant on Economic, Social and Cultural Rights, which asserted the entitlement of older persons to the full range of rights recognized in the Covenant.

11. The concept of a society for all ages, which was developed as the theme for the 1999 International Year of Older Persons, contained four dimensions: individual lifelong development; multigenerational relationships; the interrelationship between population ageing and development; and the situation of older persons. The International Year helped to advance awareness, research and policy action worldwide, including efforts to mainstream the issue of ageing in all sectors and foster opportunities integral to all phases of life.

12. The adoption of commitments and guiding principles of major United Nations conferences and summits have also played a significant role in advancing the framework for policies on ageing, including: Health for All in the Twenty-First Century[4] and the Alma-Ata Declaration 1978;[5] Vienna Declaration and Programme of Action of the World Conference on Human Rights, 1993;[6] Programme of Action of the International Conference on Population and Development, 1994;[7] Copenhagen Declaration and Programme of Action of the World Summit for Social Development, 1995;[8] Beijing Declaration and the Platform for Action of the Fourth World Conference on Women, 1995;[9] the Habitat Agenda and the Istanbul Declaration on Human Settlements of the Second United Nations Conference on Human Settlements (Habitat II), 1996;[10] Dakar Framework for Action of the World Education Forum, 2000; the Further Initiatives for Social Development of the twenty-fourth special session of the General Assembly 2000;[11] and the United Nations Millennium Declaration of the United Nations Millennium Summit, 2000.[12]

13. There are a number of central themes running through the International Strategy for Action on Ageing. These are in turn reflected in the detailed recommendations for action at the national level. These salient themes have strong links to the previous United Nations declarations, commitments and programmes, including:

(a) The achievement of secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for Older Persons;[2]

(b) Empowerment of older persons to fully and effectively participate in the social, economic and political lives of their societies, including through income-generating and voluntary work;

(c) Provision of opportunities for individual development, self-fulfilment and well-being throughout life as well as in late life, through, for example, access to life-long learning;

(d) Guaranteeing the economic, social and cultural rights of older persons as well as their civil and political rights, including the elimination of all forms of discrimination on the basis of age;

(e) Commitment to gender equality in older persons through elimination of gender-based discrimination, as well as all other forms of discrimination;

(f) Recognition of the crucial importance of intergenerational interdependence, solidarity and reciprocity for social development;

(g) Provision of health care and support for older people, as needed;

(h) Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Strategy into practical action;

(i) Harnessing of scientific research and expertise to focus on the individual, social and health implications of ageing, in particular within developing countries.

14. A human rights based approach to development in general and societal ageing in particular is essential for the creation of an inclusive society for all ages, in which older persons participate fully. Age discrimination must be eradicated in all of its insidious forms and the achievements and dignity of older persons afforded the respect they command. At the same time, in the spirit of a society for all ages, the rights of older persons should not be incompatible with those of other age groups and the reciprocal relationships between the generations must be nurtured and encouraged.

15. The recommendations for action are organized according to three priority directions: development for an ageing world; advancing health and well-being into old age; and ensuring enabling and supportive environments. The extent to which the lives of older persons are secure is strongly influenced by progress in these three directions. The priority directions are designed to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of the improvement for older persons in quality of life and in the sustainability of the various systems — formal and informal — that underpin the quality of well-being throughout the life course.

16. Mainstreaming ageing into global agendas is essential. A concerted effort is required to move toward a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights. Whereas specific policies will vary according to country and region, population ageing is a universal force that has the power to shape the future as much as globalization. It is essential to recognize the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole. Forward thinking calls us to embrace the potential of the ageing population as a basis for future development.

II. Recommendations for action

17. All sectors of societies share responsibility for implementing the International Strategy for Action on Ageing. Governments have primary responsibility, but effective collaboration between national, regional and local governments, international agencies, older persons themselves and their organizations, other parts of civil society, including non-governmental organizations, and the private sector is essential. Such an alliance includes the involvement and partnership of many stakeholders: professional organizations; corporations; trade unions; cooperatives; research, academic, and other educational and religious institutions; and the media.

A. Priority direction I: Development for an ageing world

18. The Millennium Declaration reaffirms the principle that no individual should be denied the opportunity to benefit from development. Older people must accordingly be full participants in the development process and also share equitably in its benefits. The impact of population ageing on the socio-economic development of society, combined with the social, economic and political changes taking place in all countries engender the need for urgent action to ensure the continuing integration and empowerment of older persons. The inclusion of all population groups is one of the keys to achieving the Millennium goals.

19. Whereas development can benefit all sectors of society, sustained legitimacy of the process requires introduction and maintenance of policies that ensure the equitable distribution of the benefits of economic growth. One of the principles in the Copenhagen Declaration and Programme of Action is the creation of a framework by Governments to fulfil their responsibility for present and future generations by ensuring equity across the generations. Furthermore, the Millennium Summit affirmed the long-term imperative of eradicating poverty and fulfilling the social and humanitarian goals set up by the global conferences of the 1990s.

20. In many developing countries and in countries with economies in transition, ageing people do not share equitably in the process of development and can be negatively affected by modernization. Internal and international migration, urbanization, the shift from extended to smaller, mobile families and other socio-economic changes can marginalize older people from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support.

21. The attention of policy makers in developed countries has been seized by the simultaneous need to adjust to the effects of an ageing labour force while improving labour productivity and competitiveness and also ensuring the sustainability of social protection systems.

22. The issues, objectives, and actions of this priority direction underscore essential pre-conditions for effective poverty eradication.

Issue 1: Active participation in society and development

23. A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work toward this goal, it is necessary to remove whatever excludes or discriminates against them. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. A new definition of societal "productivity" is needed in order to mark the contribution made through unpaid activities by persons of all ages, particularly women.

24. Participation in social, economic, cultural and voluntary activities also contributes to the growth and maintenance of personal well-being. Organizations of older persons are an important means of enabling participation through advocacy and promotion of multigenerational interactions.

25. ***Objective 1***: *Recognition of the social, economic and political contribution of older people.*

Actions

(a) Rigorously apply existing human rights conventions to combat age discrimination against older persons;

(b) Acknowledge and encourage the contribution of older persons to family and community;

(c) Provide opportunities and programmes for older persons to continue to participate in social and cultural activities;

(d) Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for self-actualization;

(e) Create an enabling environment for volunteering at all ages, including the legal right to volunteer, legal protection for volunteers and public recognition of volunteering;

(f) Promote a wider understanding of the social and economic productivity and continuing contribution of older persons to society.

26. ***Objective 2***: *Participation of older persons in decision-making processes at all levels.*

Actions

(a) Mainstream the needs and concerns of older persons into decision-making processes at all levels;

(b) Establish organizations of older persons at national and regional levels to represent older persons in decision-making;

(c) Remove barriers for older women to reach decision-making positions at national and local levels;

(d) Combat age discrimination against older persons.

Issue 2: Work and the ageing labour force

27. Older people should be allowed and enabled to continue with income generating work for as long as they want and for as long as they are able to do so productively. Unemployment, under-employment and labour market rigidities commonly prevent this, restricting opportunities for individuals and depriving

society of their energies. Implementation of commitment 3 of the Copenhagen Declaration of the World Summit for Social Development on promoting the goal of full employment is fundamentally important for these very reasons, as are the strategies and policies outlined in that Summit's Programme of Action and the further initiatives for growth of employment recommended by the twenty-fourth special session of the General Assembly.

28. In developing countries and countries with economies in transition, most persons who are now old are engaged in the informal economy, which commonly deprives them of the benefits of decent work. The average life span in many developed countries and countries with economies in transition exceeds the established retirement or pension age. In these countries, moreover, fewer people are entering the working force because of the decline in fertility; this trend is often accompanied, paradoxically, by age discrimination against older employees. Policies to extend working life, such as flexible retirement are essential and allow older people to combine paid employment with other activities.

29. The position of older women in the labour force deserves special attention: at present older women commonly receive lower salaries and experience lack of career progression due to interrupted work histories, family care obligations and greater difficulty finding employment after losing work. These factors are typically responsible for lower pensions. An integral goal of the International Strategy is to achieve age diversity and gender balance in the workplace.

30. The continued employment of older workers need not reduce labour market opportunities for young people, as it creates additional employment through the contribution of skilled and productive older workers to improving national economic performance and output.

31. ***Objective***: *Employment opportunities for all older people who want to work.*

Actions

(a) Place employment growth and poverty reduction at the heart of macroeconomic policies, for example, by setting national employment growth targets and preparing policies for their achievement for the benefit of people of all ages;

(b) Take action to raise the labour force participation of the entire working-age population through policies such as life-long learning and on-the-job training;

(c) Make special efforts to raise the participation rate of disadvantaged groups such as the long-term unemployed and persons with disabilities, thereby reducing the risk of their exclusion in later life;

(d) Assist older persons by promoting self-employment, for example, by encouraging small and micro-enterprise development and ensuring access to credit for older persons, without discrimination relating to gender;

(e) Assist older persons already engaged in informal sector activities to improve their income, productivity and working conditions;

(f) Eliminate age barriers in the formal labour market and prevent the onset of disadvantages experienced by ageing workers in employment;

(g) Apply the principles of flexible retirement and age diversity in employment policies and practices, for example by phasing out all forms of mandatory retirement;

(h) Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members and people with chronic diseases, including HIV/AIDS;

(i) Remove disincentives to working beyond retirement age, for example by protecting acquired pension rights;

(j) Introduce age management policies in the workplace aimed at sustaining working capacity and preventing premature ageing in employment.

Issue 3: Rural development, migration and urbanization

32. In many developing countries, the ageing population is marked in rural areas, owing to the exodus of young adults. Older persons may be left behind without traditional family support and even without adequate financial remittances. Policies and programmes for food security and agricultural production must be conditioned by the implications of rural ageing. Older women in rural areas are particularly economically vulnerable, especially when their role is restricted to non-paying work for family

upkeep and they are dependent on male kin for their support and survival. Older persons in rural areas in developed countries and countries with economies in transition often still lack basic services and have insufficient economic and community resources.

33. Migration flows have increased domestically and internationally. Yet legal international migration is often tightly restricted. Policies may be adopted to more aptly address the current and projected needs of sending populations and receiving countries. In developing countries, economic support in the form of remittances from children abroad is often a vital lifeline to older persons and through them to their communities and local economies. As international migrants from earlier decades grow older, Governments are seeking to assist older migrants, for example through ensuring pension rights.

34. The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas. Older migrants from rural to urban areas in developing countries often face loss of social networks and suffer from lack of supporting infrastructure in cities, which can lead to their marginalization and exclusion, particularly if they are ill or disabled. In countries with a long history of rural to urban migration and the expansion of underdeveloped cities, there is a growing population of poor older persons. The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic autonomy and little physical and social care from family members who must earn their living outside the home.

35. ***Objective 1***: *Improvement of life conditions and infrastructure in rural communities and promotion of links between urban and rural areas.*

Actions

(a) Strengthen the capacity of ageing farmers through continued access to financial and infrastructure services and improved farming techniques and technologies;

(b) Encourage revitalization of small-scale enterprises by establishing income-generating projects and rural cooperatives and by widening economic diversification;

(c) Foster the development of local financial services in under-served areas to encourage investment of local savings and remittances;

(d) Ensure that ongoing adult education, training and retraining are available in rural and remote areas;

(e) Connect rural populations to the knowledge-based economy and society.

36. ***Objective 2***: *Alleviation of the isolation and marginalization of older persons in rural areas.*

Actions

(a) Design programmes and services to sustain the independence of older persons in rural areas;

(b) Facilitate and strengthen traditional rural and community support mechanisms;

(c) Focus support on older persons in rural areas without kin, particularly older women who face a longer old age often with fewer resources;

(d) Give priority to the empowerment of older women in rural areas through access to financial and infrastructure services, because of their numerical predominance.

37. ***Objective 3***: *Integration of late life migrants with their new communities.*

Actions

(a) Encourage supportive social networks for older migrants in areas of immigration;

(b) Design measures to assist older migrants to sustain economic security including through entitlements such as pension rights;

(c) Create community-based measures, to prevent or offset the negative consequences of urbanization, such as establishment of centres for older persons;

(d) Encourage housing design to promote intergenerational living, where culturally appropriate and individually desired;

(e) Assist families to share accommodation with older family members who desire it.

Issue 4: Access to knowledge, education and training

38. Education is a crucial basis for an active and fulfilling life. The Millennium Summit made a commitment to ensure that by 2015 all children complete a full course of primary schooling. A knowledge-based society requires that policies be instituted to ensure lifelong access to education and training. Continuing education and training are essential to ensure the productivity of both individuals and nations.

39. At the present time, developing countries have a large number of persons reaching old age with minimal literacy and numeracy, which limits their capacity to earn a livelihood and may thus influence their enjoyment of health and well-being. In developed countries, lifelong education and training is also a prerequisite for the participation of older persons in employment.

40. Older people facing technological change without education can experience alienation, however, with measures that enable people to prepare and adjust to such change, technology in fact can contribute to reducing marginalization, loneliness and segregation between the ages, to promoting the enjoyment of rights and to improving access to services.

41. ***Objective 1***: *Equality of opportunity and treatment throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services.*

Actions

(a) Implement commitment 3 (c) of the Programme of Action for Least Developed Countries, 2001-2010; to achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and provide equitable access to basic and continuing education for adults;

(b) Encourage and promote literacy and numeracy training together with technological skills;

(c) Implement policies that promote continuous access to training and provide retraining for older workers;

(d) Organize preretirement programmes, including information on the financial implications of retirement;

(e) Implement the Millennium Declaration goal of ensuring that new technologies, especially information and communication technologies, are available to all;

(f) Develop and disseminate age-friendly information to help older persons cope with the technological demands of everyday life;

(g) Take into account declining physical abilities and visual capacity when designing computer technology.

42. ***Objective 2***: *Full utilization of the potential and expertise of people of all ages, recognizing the benefits of increased experience with age.*

Actions

(a) Create opportunities within educational programmes for the exchange of knowledge and experience between generations, including the use of new technologies;

(b) Enable older persons to act as mentors and advisors;

(c) Encourage and support traditional multigenerational mutual assistance activities in the family, the neighbourhood and the community;

(d) Encourage older volunteers to offer their skills in applying and using information technologies.

Issue 5: Intergenerational solidarity

43. Solidarity between generations at all levels — in families, communities and nations — is a guiding principle for the achievement of a society for all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. Changing demographic, social and economic circumstances require the adjustment of pension, social security, health and long-term care systems to sustain economic growth and development and to ensure adequate and effective income maintenance and service provision.

44. At the family and community level, intergenerational ties can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep people apart, the great majority of people in all cultures maintain close relations with their families throughout their lives. These relationships work in both directions, with older

persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older people.

45. ***Objective***: *Strengthening of intergenerational solidarity through equity and reciprocity between generations and the equitable intergenerational distribution of resources.*

Actions

(a) Promote understanding of ageing through public education as an issue of concern to all age groups;

(b) Review existing policies to ensure that they foster solidarity between generations;

(c) Develop initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource;

(d) Maximize opportunities for maintaining and improving intergenerational relations in local communities, inter alia, by facilitating meetings for all age groups and avoiding generational segregation;

(e) Publicize intergenerational reciprocity as a prerequisite for social development;

(f) Initiate research on the living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

Issue 6: Eradication of poverty

46. The eradication of poverty in old age is a fundamental aim of the International Strategy for Action on Ageing. The commitments made in the Millennium Declaration and the Geneva initiatives on social development are clear in their intent to address the root causes of poverty, to provide for the basic needs of all and to give special priority to vulnerable and disadvantaged groups and persons. Although global attention has recently been focused more actively on poverty eradication targets and policies, older people still tend to be excluded from these policies and programmes. Where poverty is endemic, people who survive a lifetime of poverty often face an old age of deepening poverty.

47. For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Some cultural traditions, marriage practices and property ownership laws have poverty-inducing effects in later life. In all societies, widows are at particular risk of poverty.

48. ***Objective 1***: *Reduction of poverty among older persons by half by 2015.*

Actions

(a) Include older persons in measures to reach the global poverty reduction target;

(b) Ensure that older persons gain equitable access to employment and income generation opportunities, credit, markets and assets;

(c) Ensure that the particular needs of older women, the very old and those living alone are specifically addressed in poverty eradication programmes;

(d) Develop age-relevant poverty indicators as an essential means to identify the needs of poor older women and men.

Issue 7: Income security, social protection and poverty prevention

49. Income security and social protection measures, whether contributing or not, include informal as well as highly structured schemes. Rather than being mere residual measures to address temporary adverse situations, they are part of a foundation for economic prosperity and social cohesion.

50. The effects of globalization, fiscal constraints and a growing older population are commonly perceived as exerting pressure on formal social protection systems. Sustainability in the provision of adequate income security is of great importance. In developing countries with small formal systems of social protection, populations are vulnerable to the market shocks and individual misfortunes that strain informal family support. In countries with economies in transition, the economic transformations have impoverished whole segments of the population, particularly older persons and many families with children. Where it has occurred, hyperinflation has rendered pensions and savings almost worthless.

51. Special social protection measures are required to address the feminization of poverty, in particular among older women.

52. ***Objective 1**: Promotion of programmes to enable all workers, including those engaged in the informal sector, to acquire basic social protection, including old-age pensions.*

Actions

(a) Implement commitment 2 (d) of the Copenhagen Programme of Action to develop and implement policies aimed at ensuring that all people have adequate economic and social protection during old age;

(b) Ensure gender equality in social protection systems;

(c) Ensure that contributory pension systems cover an increasing proportion of the formal and informal working population;

(d) Design innovative social protection programmes for workers outside the formal economy, including non-paid carers;

(e) Introduce programmes to promote employment of low-skilled older workers, giving access to social protection systems;

(f) Guarantee the integrity, solvency and transparency of formal pension schemes;

(g) Establish a regulatory framework for private and supplementary pension provision.

53. ***Objective 2**: Sufficient minimum income for older persons, paying particular attention to socially and economically disadvantaged groups.*

Actions

(a) Consider establishing a universal non-contributory pension system financed from taxation, which could be supplemented by an earnings-related system;

(b) Organize, as a matter of urgency, social protection to ensure minimum income for older persons with no other means of support, in particular those living alone who tend to be more vulnerable to poverty;

(c) Guarantee the living standards of older persons while pension systems are being reformed;

(d) Take measures to counteract the effects of hyperinflation on pension and savings arrangements.

Issue 8: Emergency situations

54. In emergency situations, such as natural disasters or conflicts, all people are vulnerable. Older people, who may be isolated from family and friends and are less able to find food and shelter, are especially vulnerable at these times. In addition, sources of livelihood are often disrupted and existing health problems exacerbated. In war-torn countries or areas of civil and political unrest, forced migration can have a particularly adverse effect, especially if national or international relief agencies are not present. Where relief agencies step in, older persons are not generally identified and targeted as a vulnerable group. At the same time, Governments and international relief agencies can also neglect the positive contribution older persons can make in coping with emergencies and in promoting rehabilitation and reconstruction.

55. ***Objective 1**: Equitable access by older persons to food, shelter and medical care in natural disasters and conflict situations.*

Actions

(a) Subscribe to the Guiding Principles on Internal Displacement, which include special mention of older persons;

(b) Locate and identify older persons in emergency situations and ensure inclusion of their contributions in needs assessment reports;

(c) Raise awareness among relief agency personnel of the physical and health issues specific to older persons and of ways to adapt basic needs support to their requirements;

(d) Aim to ensure that older persons have physical access to services;

(e) Make explicit reference to, and design guidelines for, assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods;

(f) Assist older persons to re-establish family and social ties, and address their post-traumatic stress;

(g) Following disasters, mechanisms put in place to prevent the targeting and financial exploitation of older persons by fraudulent opportunists.

56. ***Objective 2**: Enhanced contributions of older persons to the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies.*

Actions

(a) Include older persons in the provision of community relief and rehabilitation programmes, including by identifying and helping vulnerable older persons;

(b) Recognize the potential of older persons as leaders in family and community, for education, communication and conflict resolution;

(c) Assist older persons to re-establish economic self-sufficiency through rehabilitation projects, including income generation, educational programmes and occupational activities;

(d) Provide legal advice and information to older persons in situations of displacement and land dispossession;

(e) Provide special attention for older persons in humanitarian aid programmes and packages offered in situations of conflict, post-conflict, forced relocation and natural catastrophes;

(f) Prepare evidence of practices that have successfully utilized the contributions of older persons in the aftermath of emergencies.

B. Priority direction II: Advancing health and well-being into old age

57. Good health is a vital individual asset. Similarly, a high overall level of health of the population is vital for economic growth and the development of societies. The full health benefits of longevity have yet to be shared by all humanity, evidenced by the fact that entire countries and certain population groups still experience excess mortality and high rates of morbidity at all ages.

58. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. To reach old age in good health and well-being requires individual effort throughout life and an environment within which such effort can succeed. The responsibility of individuals is to maintain a healthy lifestyle; the responsibility of Government is to create a supportive environment that enables the advancement of health and well-being into old age. For both humanitarian and economic reasons, it is necessary to provide older persons with the same access to preventive and curative care and rehabilitation as other groups. At the same time, health services designed to meet the special needs of the older population must be available.

59. An epidemiological transition is now under way in all regions of the world, indicating a shift in predominance of infectious and parasitic diseases to one of chronic and degenerative diseases. Many developing countries, however, are confronting a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS and tuberculosis, in parallel with the increasing threat of non-communicable diseases.

60. Without adequate policy attention, the growing need for care and treatment of an ageing population can cause major cost increases. Policies that promote active ageing and healthy lifestyles, in combination with lifelong health care and preventive measures, can hold down disability levels associated with old age, and affect budgetary savings.

Issue 1: Health promotion and well-being throughout the life course

61. Health promotion encourages people to control and improve their own health. The basic strategies for health promotion are laid down in the Ottawa Charter for Health Promotion (1986). Goals of increasing the healthy life span, improving the quality of life for all, reducing mortality and morbidity rates and increasing life expectancy were set at the International Conference on Population and Development (1994). These goals can be more effectively achieved through implementation of actions recommended by the WHO to improve both public health and access to adequate health care.

62. Equal access to health promotion that includes disease prevention throughout life is the cornerstone of healthy ageing. A life course perspective involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability, as well as on improving the quality of life of older people who already have disabilities. Despite

improvements in legislation and service delivery, equal opportunities for women through the life course are still not realized in many areas. For women, a life course approach to well-being in old age is particularly important, as they face obstacles throughout life with a cumulative effect on their social, economic and psychological well-being in later years.

63. Children and older persons are more susceptible to various forms of environmental pollution than individuals in the intermediate ages and are more likely to be affected by even the lowest pollution levels. Medical conditions due to environmental pollution reduce productivity and affect quality of life of people as they age. Poor nutrition also places older persons at disproportionate risk and can adversely affect their health and vitality. Four of the leading causes of death and disability in older adults — heart disease, cancer, stroke and diabetes — can be alleviated through health promotion and disease prevention measures that focus on nutrition and physical activity.

64. ***Objective 1**: Promotion and protection of health and well-being throughout life and reduction of the cumulative effects of factors that increase the risk of disease in older age.*

Actions

(a) Give priority to poverty eradication policies to improve the health status of poor and marginalized population groups;

(b) Set gender-specific targets to improve the health status of older people and reduce disability and mortality;

(c) Identify the main socio-economic factors that contribute to the onset of disease in later life and address them through health, economic, social and legal means;

(d) Focus first on the major known risks, arising from unhealthy diet, physical inactivity and other unhealthy behaviours, such as smoking and alcohol consumption in health promotion, health education, prevention policies and information campaigns;

(e) Implement measures to curb the marketing and use of potentially harmful products. In particular, take comprehensive action to control the marketing and use of tobacco products and provide help to stop smoking at all ages;

(f) Minimize exposure to pollution from childhood and throughout life;

(g) Ensure that the misuse of prescription drugs is minimized, through regulatory and education measures.

65. ***Objective 2**: Development of policies to prevent ill-health among older persons.*

Actions

(a) Design early interventions to prevent or delay the onset of disease and disability;

(b) Ensure that gender-specific primary prevention and screening programmes are available and affordable at older ages;

(c) Provide training and incentives for health and social service professionals to counsel and guide people reaching old age on healthy lifestyles and self-care;

(d) Pay attention to the danger arising from social isolation and reduce its risk to the health of older people by supporting community empowerment and mutual aid groups, including peer outreach and neighbourhood visiting programmes;

(e) Rigorously apply and reinforce occupational safety standards that prevent injuries at all ages;

(f) Prevent injuries by measures safeguarding pedestrians, implementing fall prevention programmes, minimizing hazards in the home and providing safety advice.

66. ***Objective 3**: Access to adequate nutrition for all older persons.*

Actions

(a) Guarantee equitable access to clean water and safe food for older people;

(b) Promote lifelong healthy nutrition from childhood, with particular attention to ensuring adequate nutrition in women during their reproductive years;

(c) Prepare national dietary goals aimed at encouraging a balanced diet to provide adequate energy and prevent micronutrient deficiency, preferably based on local foods;

(d) Pay particular attention to nutritional deficiency and associated diseases in the design and implementation of health promotion and prevention programmes for older persons;

(e) Educate older persons and the general public, particularly informal caregivers, about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins and minerals;

(f) Provide dental services to prevent and treat disorders that can impede eating and cause malnutrition;

(g) Include specific nutritional needs of older persons into curricula of training programmes for all health and care professionals.

Issue 2: Universal and equitable access to health-care services

67. Investing in health care for older persons extends their healthy and active years. The ultimate goal is a continuum of care ranging from health promotion and disease prevention to equitable provision of primary health care, acute care treatment, community care for chronic health problems and palliative care at the end of life. Effective care for older persons needs to integrate physical, mental, social, spiritual and environmental factors.

68. In keeping with the Declaration of Alma Ata, the twenty-fourth special session of the General Assembly on social development committed Member States to promote and attain the goal of universal and equitable access to primary health care, with particular efforts to reduce inequalities related to age. Primary health care means essential health-care services made accessible at such a cost as a country, community and individuals can afford, using methods that are practical, scientifically sound and socially acceptable. Older persons can experience financial, physical and legal barriers to health-care services. They may also encounter age discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger people. At the international level, the implementation of the Agreement on Trade Related Intellectual Property Rights of 1994 can lead to increased prices of pharmaceutical products, with particular implications for public health in developing countries and countries with economies in transition.

69. Partnerships between Government, civil society and private companies, in particular non-governmental and community-based organizations, can help to fill service gaps. It is crucial, however, to recognize that informal services provided by families and communities cannot substitute for an effective public health system, whether or not the system is a multi-actor partnership, and that it is the responsibility of Governments to set and monitor standards of health care for all ages.

70. ***Objective 1**: Elimination of age- and gender-based inequalities to ensure that older persons have equitable access to health care.*

Actions

(a) Seek equity in the distribution of health resources to older persons; in particular reduce unequal access to care for older people who are poor by the reduction or elimination of user fees, provision of insurance schemes and affordable access to essential medications;

(b) Aim at negotiating bilateral and multilateral agreements on compulsory licensing and parallel exports of life-saving drugs to meet the essential need for medications;

(c) Educate and empower older persons in the effective use and selection of health services;

(d) Apply and enforce existing conventions to protect the rights of older persons to primary health care and to eliminate discrimination in health care based on age;

(e) Utilize technology such as telemedicine to reduce geographical and logistical inequalities in access to health care in rural areas.

71. ***Objective 2**: Development and strengthening of primary health-care services to meet the needs of older persons and ensure their inclusion in the process.*

Actions

(a) Give highest priority to access to primary health care and the establishment of community health programmes for older persons;

(b) Implement the commitment of the twenty-fourth special session of the General Assembly to attain the goal of universal and equitable access to

primary health care, with particular efforts to rectify inequalities, inter alia, those related to age;

(c) Support local communities in providing health support services to older persons;

(d) Include traditional medicine in primary health-care programmes where appropriate and beneficial;

(e) Train primary health-care workers and social workers in basic gerontology and geriatrics.

72. ***Objective 3**: A continuum of health care to meet the needs of older persons.*

Actions

(a) Develop regulatory mechanisms to set appropriate standards of health care for older persons;

(b) Implement community development strategies that determine a systematic needs assessment baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include contributions from older persons;

(c) Improve the coordination of primary health care and social services;

(d) Train health and social service workers in models of primary health care that include the contributions of older people;

(e) Encourage the use of traditional health-care providers where they are considered to be safe and effective;

(f) Enable people whenever possible to die with dignity in a place in which they themselves decide, in the company of people of their own choosing and as free from distress and pain as possible.

73. ***Objective 4**: Involvement of older people in the development and strengthening of primary and long-term care services.*

Actions

(a) Include older persons in the planning, implementation and evaluation of health-care programmes;

(b) Educate health providers to fully include older persons in decision-making related to their own care;

(c) Capitalize on the strengths and abilities of older people within primary and long-term health services.

Issue 3: Older persons and HIV/AIDS

74. Most national and international data on HIV and AIDS infection rates are only compiled for persons up to 49 years of age. Even if all cultural, social and age-discriminatory obstacles to the acknowledgement of sexually transmitted diseases in older people are set aside and diagnosis attempted, HIV/AIDS diagnosis is more difficult because symptoms of infection can be mistaken for other immunodeficiency syndromes that occur in older persons. Older persons can be at increased risk of HIV infection merely because they are typically not addressed by public information campaigns and thus do not benefit from education on how to protect themselves.

75. ***Objective 1**: Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and older people who are caregivers for infected or surviving family members.*

Actions

(a) Remove the age limit on data collection and compilation on HIV/AIDS in order to obtain accurate information on the extent of HIV/AIDS infection in older persons;

(b) Pay special attention to older carers of HIV/AIDS patients, including collection of both quantitative and qualitative data on the health status and needs of older carers.

76. ***Objective 2**: Provision of adequate information, training in caregiving skills, medical care and social support to older persons infected by HIV/AIDS and those who are caregivers for others who are infected.*

Actions

(a) Revise public health and prevention strategies that teach about prevention and the risks of HIV/AIDS to include older persons;

(b) Provide training for older caregivers to help them to provide effective care while minimizing the possible negative impact on their own health and well-being.

77. ***Objective 3**: Enhancement of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents.*

Actions

(a) Review the economic impact of HIV/AIDS on older persons, particularly in their role as caregivers, as agreed in the Declaration of Commitment on HIV/AIDS;

(b) Introduce policies to provide in-kind support, health care and loans to older caregivers to assist them in meeting the needs of children and grandchildren in accordance with the Millennium Declaration;

(c) Foster collaboration between agencies and NGOs that work with children, youth and older persons on HIV/AIDS issues;

(d) Conduct studies to highlight the contribution of older persons to development in HIV/AIDS affected countries.

Issue 4: Training of care providers

78. In many countries training is not available for professionals, including physicians, working with older people, and therefore, health professionals and para-professionals often lack awareness and understanding of specific health issues and problems related to older persons. In some developed countries, geriatric training is still inadequate and often neglects the social dimension of ageing. There is an urgent need worldwide to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older people and to expand educational programmes on health and older persons for professionals in the social service sector. Informal caregivers also need access to information and basic training on the care of older persons.

79. ***Objective 1**: Provision of improved information and training for health- and social-care professionals and para-professionals on the needs of older people.*

Actions

(a) Initiate and promote gerontology and geriatric training programmes and support developing countries in these efforts;

(b) Supply informal care providers with basic instruction in the care of older persons;

(c) Ensure that all health and social services providers receive basic as well as specialized knowledge on the health of older persons, as necessary;

(d) Provide health- and social-care professionals with continuing education programmes in the health, well-being and care of older persons;

(e) Expand professional education in gerontology and geriatrics, including through special efforts to expand student enrolment in geriatrics and gerontology.

Issue 5: Mental health needs of older people

80. Worldwide, mental health problems are leading causes of disability and of reduced quality of life. The various changes in later life can lead to depression, which is often ignored or misdiagnosed in older people. While the incidence of depression, Alzheimer's disease and other diseases that cause dementias increases in old age, mental health problems are clearly not an inevitable outcome of growing old. A significant increase in the number of older persons with mental illnesses such as depression and dementias can, however, be expected due to population ageing.

81. ***Objective 1**: Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older people.*

Actions

(a) Develop national and regional strategies aimed at coping with mental illness in old age, including diagnostic procedures, medication, professional and psychotherapy training programmes and training for family members providing care;

(b) Develop screening programmes on physical and mental health to identify risk factors at early stages of diseases;

(c) Provide programmes to help people with Alzheimer's disease and mental illness due to other sources of dementia to live at home for as long as possible and to respond to their specific needs;

(d) Develop programmes to support self-help and provide respite care for patients, families and other carers;

(e) Develop psychosocial therapy programmes to assist in reintegration of patients discharged from hospitals;

(f) Establish safe accommodation facilities to meet the needs of patients suffering from severe mental diseases;

(g) Promote public information about the symptoms, treatment, consequences and prognosis of mental diseases.

Issue 6: Older persons and disabilities

82. Incidence of impairment and disability increases with age. Older women are particularly vulnerable to disability in old age owing to gender inequalities over the life course. In some cases disability occurs during old age. In other cases persons who are disabled at younger ages now live longer and require support and protection for extended periods of time.

83. Enabling interventions and a supportive disabled and age-friendly environment are essential to promote independence and empower older persons with disabilities to participate fully in all aspects of society. The ageing of people with cognitive disabilities is a priority for policy development because they may now outlive their family carers or their carers may become too frail to support them.

84. ***Objective***: *Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities.*

Actions

(a) Allocate space on the global agenda to issues concerning older persons with disabilities, in particular on the agendas of existing national policy-making and coordination bodies dealing with both disabilities and older persons;

(b) Develop gender and age-sensitive national and local policies, legislation, plans and programmes for the prevention of disabilities, taking health, environmental and social factors into account;

(c) Provide rehabilitation for older persons who have been disabled as a result of armed conflict;

(d) Develop community-based programmes to provide education on causes of disabilities and information on how to prevent them throughout the life course. Make cost-effective treatments that reduce disabilities, such as cataract removal and hip replacements, more accessible to all older people;

(e) Create age-friendly standards and environments to help prevent the onset or worsening of disabilities;

(f) Encourage the development of housing options for older people with disabilities that present no barriers to independence;

(g) Provide rehabilitation and appropriate care for older people with disabilities as well as for persons with disabilities who reach old age so as to fulfil their right to services, support and full integration into society.

C. Priority direction III: Ensuring enabling and supportive environments

85. The promotion of an enabling environment for social development was one of the central goals agreed at the World Summit for Social Development. It was renewed and strengthened at the twenty-fourth special session of the General Assembly on social development. The commitment included essential framework conditions such as participatory, transparent and accountable political systems; indivisibility and practical realization of established human rights; increased external assistance to developing countries through official development assistance and debt relief; recognition of the important interaction between environmental, economic and social policies; improved access for developing countries and countries with economies in transition to the markets of the developed countries; and reduction of the negative impact of international financial turbulence. Realization of these and other aspects of an enabling environment and the economic growth and social development to which they contribute will make possible the achievement of the goals and policies agreed upon in the present International Strategy for Action.

86. The commitments to strengthen policies and programmes to create inclusive, cohesive societies for all — women and men, children, young and older persons — are also essential. Whatever the circumstances of older persons, all are entitled to live

in an environment that enhances their capabilities. While some older persons need a high level of physical support and care, the majority are willing and capable of continuing to be active and productive. Policies are required that empower older persons and support their contribution to society. This includes access to basic services such as clean water and adequate food. It also requires policies that simultaneously strengthen both lifelong development and independence and that support social institutions based on principles of reciprocity and interdependence. Governments must play a central role in formulating and implementing policies that foster such an enabling environment, while engaging civil society and older persons themselves.

Issue 1: Housing and the living environment

87. The Istanbul Declaration on Human Settlements and the Habitat Agenda established the goal of adequate shelter for all and sustainable human settlements in an urbanizing world. The urgent need to improve the quality of human settlements was also recognized. Housing and the surrounding environment are particularly important for older persons due to factors such as accessibility and safety; the financial burden of maintaining a home; and the important emotional and psychological security of a home.

88. In developing countries, rapid demographic ageing is taking place in a context of continuing urbanization, and a growing number of persons who are ageing in urban areas lack affordable housing and services. At the same time a large number of persons are ageing in isolation in rural areas, rather than in the traditional environment of an extended family. Left alone, they are often without adequate transportation and support systems.

89. In developed countries, the built environment and adequate transportation for older persons are also a growing concern. Housing developments are typically designed for young families who have their own transport. Transportation is problematic in rural areas, because older persons rely more on public transport as they age and it is often inadequate in rural areas. In addition, some older persons may continue to live in houses that they are unable to maintain after their children have moved out or after a spouse has died.

90. ***Objective 1***: *Promotion of "ageing in place" in the community with due regard to individual preferences and affordable housing options for older persons.*

Actions

(a) Promote the development of age-integrated communities;

(b) Coordinate multisectoral efforts to support the continued interdependence of older persons with their families and communities;

(c) Encourage investment in local infrastructure, such as transportation, health, sanitation and security, designed to support multigenerational communities;

(d) Introduce policies and support initiatives that ease access of older persons to goods, services and friends;

(e) Promote equitable allocation of public housing for older persons;

(f) Link affordable housing with social support services to ensure the integration of living arrangements, long-term care and opportunities for social interaction.

91. ***Objective 2***: *Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons, particularly those with disabilities.*

Actions

(a) Ensure that new urban spaces are free of barriers to mobility and access;

(b) Promote employment of technology and rehabilitation services designed to support independent living;

(c) Meet the need for shared and multigenerational co-residence through the design of housing and public space;

(d) Develop a database of age and disability-friendly housing plans for older persons and persons with disabilities.

92. ***Objective 3**: Availability of accessible and affordable transportation for older persons.*

Actions

(a) Aim for efficient public transportation services in rural and urban areas;

(b) Facilitate the growth of both public and private alternative forms of transport in urban areas, such as neighbourhood-based businesses and services;

(c) Encourage the design of safer roadways and the development of new kinds of vehicles that cater to the needs of older persons and people with disabilities;

(d) Enable older persons to maintain mobility through driving as long as safely possible and to switch to other options, including public transportation, for those who no longer drive.

Issue 2: Care

93. The majority of care is given informally. Even in countries with well-developed formal care policies, intergenerational ties and reciprocity ensure that most care is still informal. Ageing in one's community is an ideal in all countries. In many countries, however, family care without compensation to caregivers is creating new economic and social strains. The cost to women, in particular, who continue to provide the majority of informal care, is now recognized. Female caregivers bear financial penalty of low pension contributions because of absences from the labour market, foregone promotions and lower incomes. They also bear the physical and emotional cost of stress from balancing work and household obligations. The situation is especially demanding for women with both child and elder care responsibilities.

94. In many parts of Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and for grandchildren orphaned from AIDS. At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected responsibility of caring for frail children or with the task of becoming sole parents to grandchildren.

95. In the last two decades, community care and ageing in place have become the policy objective of many Governments. Sometimes the underlying rationale has been financial, because, based on the assumption that families will supply the bulk of care, community care is expected to cost less than residential care. If family care is not available, however, the economic advantage of community care is reduced. Without adequate assistance, family caregivers can be overburdened. In addition, formal community care systems, even where they exist, often lack sufficient capacity because they are poorly resourced and coordinated. As a result, residential care may be the preferred option of either the frail older person or the caregiver. In view of this range of issues, a continuum of affordable care options, from family to institutional, is desirable. Ultimately, the participation of older persons in assessing their own needs and monitoring service delivery is crucial to the choice of the most effective option.

96. ***Objective 1**: Provision of a continuum of care for older persons from various sources.*

Actions

(a) Ensure provision of community-based care to support family care;

(b) Increase access to community-based long-term care for older persons living alone in order to extend their capacity for independent living and reduce hospitalization and delay nursing-home placement;

(c) Support caregivers through training, information, psychological, economic, social and legislative mechanisms;

(d) Ensure that there are measures to assist older persons who lose informal support;

(e) Facilitate comparative research into care systems in different cultures and settings;

(f) Prepare and implement strategies for meeting the special needs of ageing caregivers for people with cognitive disabilities;

(g) Establish and apply standards and mechanisms for regulation of care in formal care settings.

97. ***Objective 2***: *Accommodation of the burden of care on older persons, particularly older women.*

Actions

(a) Support older caregivers and families under their care, with social support, advice and information;

(b) Identify how to assist older women in caregiving and address their specific social, economic and psychological needs;

(c) Reinforce the positive role of grandparents in raising grandchildren;

(d) Take account of the growing numbers of older caregivers in service provision plans.

Issue 3: Abuse and violence

98. Violence against older persons takes many forms — physical, psychological, emotional, financial and material — and occurs in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential abuse by family members or over-burdened caregivers.

99. Abuse of the rights of older women is particularly prevalent. Older women are at greater risk of physical and psychological as well financial and economic harm because of inheritance systems and land distribution practices. There are also some cultural and superstitious practices, resulting in abuse directed at isolated, older women. Poverty and women's lack of access to legal protection exacerbate such social situations.

100. ***Objective 1***: *Elimination of all forms of abuse of older persons.*

Actions

(a) Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes;

(b) Abolish widowhood rites that are harmful to the well-being of women;

(c) Enact legislation and strengthen legal efforts to curb elder abuse;

(d) Discourage traditional harmful practices involving older persons;

(e) Encourage cooperation between Government and civil society in addressing elder abuse.

101. ***Objective 2***: *Creation of support services to address the occurrence of elder abuse.*

Actions

(a) Establish services for victims of abuse and rehabilitation arrangements for abusers;

(b) Encourage health and social service professionals to report suspected elder abuse;

(c) Include handling of elder abuse in the training of the caring professions;

(d) Establish information programmes to educate older persons about consumer fraud.

Issue 4: Images of ageing

102. A positive view of ageing is an integral aspect of the International Strategy for Action. Recognition of the authority, wisdom, dignity and restraint that comes with a lifetime of experience has been a normal feature of the respect accorded to the old throughout history. In contemporary, market-driven economies, however, these values are often neglected and older people are disproportionately portrayed as a drain on the economy, with their escalating need for health and support services. Although healthy ageing is naturally an increasingly important issue for older people, public focus on the scale and cost of health care, pensions and other services has fostered a negative image of ageing. Images of older people as attractive, diverse and creative individuals making vital contributions must compete for the public's attention. Globalization of the media has contributed to spreading ageism to societies in which it was traditionally unknown. Older women are particularly affected by misleading and negative stereotypes: instead of being portrayed in ways that reflect their contributions, strengths, resourcefulness and humanity, they are often depicted as weak and

dependent. This reinforces exclusionary practices at the local and national levels.

103. ***Objective***: *Enhancement of public recognition of the authority, wisdom and productiveness of older persons.*

Actions

(a) Accept that every person and institution shares the responsibility for recognizing the past and the contemporary contributions of older people and for expressing the resulting respect and gratitude with dignity and sensitivity;

(b) Apply the non-discriminatory policy framework described above in seeking to counteract preconceived biases and myths surrounding old age;

(c) Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities;

(d) Encourage educators to embed full humanity within their courses, including through recognition of the contribution made by people of all ages;

(e) Encourage media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind;

(f) Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies, including in rural areas;

(g) Facilitate contributions by older women and men to the presentation by the media of their activities and concerns;

(h) Encourage the media, as all other industries, to avoid ageism in staffing.

III. Implementation and follow-up

104. The implementation of the International Strategy for Action on Ageing 2002 is an urgent necessity if the response to the global challenge of ageing is to be successful and timely. While all sections of society share responsibility for implementing the International Strategy as an international agreement, national Governments will lead in marshalling the necessary commitment, finance and personnel to ensure that it is realized. In addition, there is a critical need for international assistance to enable developing countries and countries with economies in transition to pursue policies that address ageing.

National action

105. National Governments have the primary responsibility for implementing the broad recommendations of the International Strategy for Action. A necessary first step in successful implementation of the Strategy is to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication processes. Programme innovation, mobilization of financial resources and development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the Strategy will be contingent upon effective partnership between Government, all parts of civil society and the private sector.

106. It is essential that a Minister be appointed with responsibility for political leadership of each national strategy on ageing. Furthermore, a designated Government office such as a ministry is required to support him or her in the coherent implementation and monitoring of the Strategy, including the coordination of various departments and public agencies involved. National committees on ageing that include representatives of relevant sectors of civil society, especially organizations of older persons, can make very valuable contributions. Such multisectoral and interdisciplinary committees can serve as national advisory and coordinating mechanisms on ageing. They may act as the focus of the development and implementation of national strategies of action on ageing. The national coordinating body can examine and propose amendments to existing legislation and practices relating to omissions, contradictions or discrimination against older persons. Sufficient resources are critical for the national committee to achieve its mandates.

107. Other crucial elements of implementation include effective organizations of older persons; educational, training and research activities on ageing; and national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation. Independent,

impartial monitoring of progress in implementation is also valuable and can be conducted by free-standing institutions. Governments can facilitate the mobilization of resources by organizations representing and supporting older persons by increasing incentives, for example through the tax system and subsidies.

International action

108. Increased international cooperation, technical assistance and the provision of financial assistance are essential to support low-income developing countries and countries with economies in transition to implement the Strategy. This involves prompt implementation of commitments made by Member States to fulfil agreed commitments for official development assistance, debt reduction and other initiatives to improve the economic situation of developing countries and countries with economies in transition.

109. An explicit commitment by international development partners will pave the way to implementation of the Strategy. International financial institutions can contribute by recognizing older persons as a development resource as well as a vulnerable group needing support. International financial institutions and regional development banks are invited to examine and adjust their lending and grants procedures to ensure that older persons are taken into account and are included in all policies and projects. Similarly, commitment by United Nations funds and programmes to ensure integration of ageing in their programmes and projects, including at country level, is essential. Support by development partners for organizations that specifically promote training and capacity-building on ageing in developing countries, such as the International Institute on Ageing in Malta and regional training centres, is essential. Other priorities for international cooperation on ageing should include formulation, monitoring and evaluation of policies and programmes; research and data collection to support policy and programme development; establishment of income generating projects; and information dissemination and sharing of best practices.

110. The United Nations Administrative Committee on Coordination should include system-wide implementation of the International Strategy in its agenda. The focal points that were set up within the United Nations system in preparation for the World Assembly on Ageing should be maintained and strengthened. The institutional capacity of the United Nations system to undertake its responsibilities for implementation of the Strategy should be improved.

111. As the focal point on ageing in the United Nations system, the primary action of the Department of Economic and Social Affairs programme on ageing will be to facilitate and promote the Strategy, including: designing guidelines for policy development and implementation; advocating means to mainstream ageing issues into development agendas; engaging in dialogue with civil society and the private sector; and information exchange.

112. The United Nations regional commissions have responsibility for translating the Strategy into regional action plans. They should also assist national institutions in implementation and monitoring of their actions on ageing. The Economic and Social Council could strengthen the capacity of the regional commissions in this respect. Regional NGOs should be supported in their efforts to develop networks to promote the Strategy.

Research

113. Research, including data collection and analysis, provides essential evidence for effective policies. There are three principal tasks of the research component of the Strategy. The first is to facilitate the translation of broad recommendations of the Strategy into specific actions at the regional, subregional, national and local levels. The availability of reliable, local information is indispensable. The second is to identify emerging issues and to facilitate a timely policy response. The third is to elaborate comprehensive and practical tools for evaluation. The process of evaluation must be both reliable and independent.

114. A worldwide research agenda on ageing is needed to serve as a background for policy response to ageing and to the operational success of the Strategy. Such an agenda should identify priorities and key methodological issues for policy-oriented research. This would assist in promoting international coordination of research on ageing.

Global monitoring, review and updating

115. Systematic monitoring of implementation of the Strategy by Member States is essential for its success in improving the quality of life of older persons. Governments, in cooperation with other stakeholders, can decide on appropriate monitoring arrangements. Sharing of the outcomes of regular monitoring exercises between Member States would be valuable.

116. Global monitoring and review will take place through a focused global inquiry to be conducted every five years by the Department of Economic and Social Affairs under the direction of the Commission for Social Development. The assistance of organizations of the United Nations system will be requested in the elaboration of indicators of the quality of life of older persons.

117. The Commission for Social Development will also make proposals for updating the Strategy as necessary. It is proposed that the results of the focused inquiry be discussed by the Commission every five years. The findings and recommendations will be transmitted to the Economic and Social Council and the General Assembly for consideration.

Notes

[1] See *Report of the World Assembly on Ageing, Vienna, 26 July-6 August 1982* (United Nations publication, Sales No. E.82.I.16), chap. VI, sect. A.

[2] *Official Records of the General Assembly, Forty-sixth Session*, Supplement No. 49 (A/46/49), resolution 46/91, annex.

[3] E/C.12/1995/16/Rev.1.

[4] World Health Organization report, "Health-for-all in the twenty-first century" (A/51/5).

[5] See *Primary Health Care: Report of the International Conference on Primary Health Care, Alma-Ata, Union of Soviet Socialist Republics, 6-12 September 1978* (Geneva, World Health Organization, 1978).

[6] A/CONF.157/24 (Part I), chap. III.

[7] *Report of the International Conference on Population and Development, Cairo*, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[8] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II.

[9] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

[10] Report of the United Nations Conference on Human Settlements (Habitat II), Istanbul, 3-14 June 1996 (United Nations publication, Sales No. E.97.IV.6), chap. I, resolution 1, annexes I and II.

[11] *Official Records of the General Assembly, Twenty-fourth Special Session, Supplement No. 1* (A/S-24/10), resolution S-24/2.

[12] Ibid., *Fifty-fifth Session*, Supplement No. 49 (A/55/49), resolution 55/2.